

**REQUEST FOR CONSIDERATION
ATTORNEY STUDENT LOAN REPAYMENT INCENTIVE
U.S. DEPARTMENT OF JUSTICE
FY 2003**

- We strongly recommend you complete the ASLRP Eligibility Worksheet before beginning the request process.
- Submit the request, “case-by-case” justification (as needed), and a signed, valid service agreement through supervisory channels to OARM.

Part I: Complete the Employee and Loan Information sections of this request.

Employee Information.

1.	Name:			2.	SSN:		
3.	Type of Request (Place an “X” in the appropriate block.)		Pre-qualified/Retention		Case-by-case/Retention		
			Pre-qualified/Recruitment		Case-by-case/Recruitment		
4a.	Supervisor’s Name and work phone:						
4b.	Component and/or Office of Assignment						
4c.	Pay grade and step	If not GS, enter annual gross salary.					
5.	Type of Appointment and, if term, end date (e.g., permanent; temporary leading to permanent; or term) Consult your HR staff for assistance if needed.	<i>Attorneys holding term appointments with less than three years remaining before expiration are not eligible. Many new hires hold 14-month temporary appointments that lead to permanent appointments pending adjudication of background investigations (e.g., Honors Program attorneys except those in 1-2 year fellowships/clerkships).</i>					
5a	Date entered on duty (or scheduled to enter on duty)	Note: If after September 30, 2003, request must be approved by the Program Administration Panel as an exception to policy as it crosses into the next fiscal year and thus affects availability of funding.					
6.	Did you (or will you) enter the Department through the Attorney General’s Honors Program?				Yes		
					No		
7.	If you have not yet entered on duty, are you currently employed by another Federal agency?				Yes		
					No		
8.	Mailing Addresses	Work					
		Home					

9a.	Work Telephone Numbers			
9b.	Fax:			
10.	E-Mail Addresses	Work		
		Home		
11a	I hold or will hold a pre-qualifying position listed in Appendix A? ("X" the appropriate block)	Yes		Enter the position number from Appendix A here: _____, and answer question 11b.
		No		Complete Parts I and II, and follow guidance in Appendix C to request consideration on a case-by-case basis.
11b	Does the position listed in Appendix A list any Additional Qualifying Criteria?	Yes		<i>You <u>must</u> meet the criteria to request consideration based on a pre-qualifying position. Attach a brief statement explaining how you meet any additional qualifying criteria to your resume prior to submitting your application. If you do not meet the Additional Qualifying Criteria, you may request consideration on a case-by-case basis.</i>
		No		You may request consideration based on a pre-qualifying position.

Loan Information. *(If loans were consolidated, you must provide documentation from the lender showing that the original loans were qualifying loans).*

12. Complete the block below for each of your existing, qualifying loans, and list them in the order you wish the incentive payments to be credited. Most loans made, insured, or guaranteed under parts B, D or E of title IV of the Higher Education Act of 1965 are qualifying Federal student loans (see ASLRP policy for more details). If you have more than two outstanding loans, use the loan information continuation page at the end of Part I to continue. Note that one block must be completed for each **loan**, even if all loans are with the same **lender**. Provide a letter (dated within 30 days from the date this request is submitted) from each **lender** or **loan servicing organization** for each loan indicating that the loan is current and in good standing and reflecting the current balance. A monthly payment statement or cancelled check will not suffice.

I have _____ (enter the number) of qualifying Federal student loans.

NAME: _____ **SSN:** _____

My total qualifying Federal student loan indebtedness total is: \$ _____.
 (Do not include information about any private loans.)

My annual payments on qualifying Federal student loans total: \$ _____.
(Calculate this based on the actual amounts you paid from January through December of the most recent full calendar year. If you are a recent graduate whose loan payments were tolled for a part of that year, please initial the block below).

I am a recent law school graduate. My qualifying Federal student loan repayments were tolled for part of the most recent calendar year.	
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L1	Amount of outstanding balance:	
	Date of above outstanding balance:	
	Loan servicing organization: (name, address, telephone number)	
	Loan identification number:	
	Type of Loan (e.g., Stafford, Direct):	
	Type of studies (e.g., degree, major):	
	Date you completed studies related to the loan:	
	Payment amount and frequency (e.g., monthly/quarterly/annually):	
	Due date of the next payment:	
	Amount you paid in past 12 months (if applicable):	
	Amount due in the next 12 months:	
	Please attach a letter from the loan holder documenting the status and balance of this loan?	

NAME: _____

SSN: _____

L2	Amount of outstanding balance:	
	Date of above outstanding balance:	
	Loan servicing organization: (name, address, telephone number)	
	Loan identification number:	
	Type of Loan (e.g., Stafford, Direct):	
	Type of studies (e.g., degree, major)	
	Date you completed studies related to the loan:	
	Payment amount and frequency (e.g., monthly/quarterly/annually):	
	Due date of the next payment:	
	Amount you paid in past 12 months (if applicable):	
	Amount due in the next 12 months:	
	Please attach a letter from the loan holder documenting the status and balance of this loan?	

Attach continuation pages as needed to document each qualifying Federal loan.

NAME: _____ **SSN:** _____

Provision of this information is voluntary.

The following information is being collected for statistical purposes only. This page will be separated from your request by OARM prior to forwarding to the Program Administration Panel for consideration. The Department will not consider this information when determining whether to award ASLRP.

Gender: Male _____ Female _____

Race/Ethnicity: (Please check all that apply)

African-American/Black	
Asian	
Caucasian/White	
Native American/Alaskan Native	
Native Hawaiian/Pacific Islander	
Hispanic/Latino	
Not Hispanic/Latino	
Other	

NAME: _____ SSN: _____

If you received a student loan repayment incentive from another Federal agency prior to entering on duty, please enter the total amount you received and the name of the agency here:

13. I certify that all the information I submitted (including materials in Part II, if applicable) is true and correct. I further certify that I am not in default on any qualifying Federal student loan, whether or not listed here. I have read the Attorney Student Loan Repayment Program policy. I fully understand the Employee and Employer responsibilities, and the eligibility requirements and agree to comply with them. I understand that the Department does not guarantee incentive payments beyond FY 2003. I certify that there are no performance or discipline issues that render me ineligible for this program. I understand that I may be subject to administrative and/or disciplinary action, including but not limited to termination of the loan repayment incentive, if I provide false information.

Signature:

Date:

Save this document. Print, sign and date it. Submit the original and two copies of your complete request, parts I - IV, as appropriate, which should include:

- your signed service agreement,
- a current copy of each lender's statement of account status (including the current balance) on each loan,
- a copy of your resume,
- if loans were consolidated, documentation from the lender showing that the original loan(s) were qualifying loans,
- and a brief statement explaining how you meet any additional qualifying criteria listed in Appendix A.

Component/Office points of contact for submission of ASLRP requests are listed on the OARM web page. If your component/office/bureau is not listed, request guidance through supervisory channels on how to submit to the component/office/bureau head.

If requesting "case-by-case" consideration, continue to Part II.

LOAN INFORMATION CONTINUATION PAGE

Make copies, as needed. Number each block sequentially in the left hand field (e.g., L4).

NAME: _____ SSN: _____

L_	Amount of outstanding balance:	
	Date of above outstanding balance:	
	Loan servicing organization: (name, address, telephone number)	
	Loan identification number:	
	Type of Loan (e.g., Stafford, Direct)	
	Type of studies (e.g., degree, major)	
	Date you completed studies related to the loan	
	Payment amount and frequency (e.g., monthly/quarterly/annually):	
	Due date of the next payment:	
	Amount you paid in past 12 months (if applicable):	
	Amount due in the next 12 months:	
	Please attach a letter from the loan holder documenting the status and balance of this loan?	

L_	Amount of outstanding balance:	
	Date of above outstanding balance:	
	Loan servicing organization: (name, address, telephone number)	
	Loan identification number:	
	Type of Loan (e.g., Stafford, Direct)	
	Type of studies (e.g., degree, major)	
	Date you completed studies related to the loan	
	Payment amount and frequency (e.g., monthly/quarterly/annually):	
	Due date of the next payment:	
	Amount you paid in past 12 months (if applicable):	
	Amount due in the next 12 months:	
	Please attach a letter from the loan holder documenting the status and balance of this loan?	

NAME: _____ SSN: _____

Part II: To accompany requests for “case-by-case” consideration.

14	Component/Office				
15	Grade:				
16	Job Title:				
17	Date entered on duty (or scheduled EOD)	(If after September 30, 2003, request must be approved by the Program Administration Panel as an exception to policy due to funding issues).			
18a.	General basis for request: (Place an X in appropriate block(s). You must justify consideration under at least one of the listed requirements).	High or unique qualifications?	Yes		Attach justification (see Appendix C)
			No		No action required.
		Special need of the Department:	Yes		Attach justification (see Appendix C)
			No		No action required.
18b.	Are you requesting ASLRP as a retention incentive (must be a current employee)?	Yes		Ensure your justification includes the extent to which your departure would affect the Department's ability to carry out an activity or perform a mission-essential function.	
		No		No action required.	

Save this document. Print Parts I and II; sign and date Part I. Submit the original and two copies of your complete request, Parts I - IV, which includes:

- your signed service agreement,
- a current copy of each lender's statement of account status (including the current balance) on each loan,
- if loans were consolidated, documentation from the lender showing that the original loan(s) were qualifying loans,
- a copy of your resume,
- and your justification for consideration.

Component/Office points of contact for submission of ASLRP requests are listed on the OARM web page. If your component is not listed, contact your servicing Human Resources Office and/or your supervisory chain for guidance.

NAME: _____ SSN: _____

Part III: Position Information. (For Department use). Information in Part III must be provided by the component or office (or equivalent) HR staff.

19	Component/Office			
	Grade:			
	Job Title:			
	Date entered on duty (or scheduled to enter on duty):		Please note that if after September 30, 2003, the Program Administration Panel must grant an exception to policy. Please highlight this requirement in your forwarding endorsement.	
20	The position above (check the appropriate block)		Meets ASLRP pre-qualifying eligibility criteria listed in Appendix A. (Review Part I; Complete Parts III and IV). <i>(If applicant <u>does not</u> meet the Additional Qualifying Criteria listed, check here and process on a "case-by-case" basis.)</i>	
			Does not meet ASLRP pre-qualifying eligibility criteria listed in Appendix A and should be considered on a "case-by-case" basis. (Review Parts I and II; Complete Parts III and IV).	
21	Type of appointment and, if term, expiration date. If term, specify whether there is at least 3 years remaining on the appointment, and list expiration date.			
22	Are there any performance or disciplinary issues that may render the employee ineligible for this program? (If yes, then specify).			
23	HR Representative		Name:	
24	Telephone:		E-mail:	

Save this document. Forward it to the component Executive Officer (or equivalent) (or delegate) for further processing.

NAME: _____ SSN: _____

Part IV: Personal Eligibility (For Department use). Information in Part IV must be signed by the Executive Officer of the component (or equivalent), or designate.

Place an "x" in the appropriate block		Yes	No
25	The employee is serving or is being hired to serve in a permanent or qualifying non-permanent appointment.		
26	The employee has signed and forwarded a valid service agreement for a period of three years.		
27	HR verifies that there are no performance or discipline issues that would render the employee ineligible for this program.		
28a	The attorney is or will be assigned to a pre-qualifying position or post listed in Appendix A.		
28b	If "yes" to #28, does the attorney meet any additional qualifying skills listed for the position?		
28c	If "no" to #28, has the attorney attached an <u>appropriate</u> case-by-case justification? (Justifications for retention purposes must include the extent to which the attorney's departure would affect the Department's ability to carry out an activity or perform a mission-essential function).		
29	<p>I am the Executive Officer (or equivalent) of _____ or an authorized designate.</p> <p>I verify that the employee's last evaluation was at least at the Fully Successful level under Part 430 of Title 5, CFR, or a similar level of performance under another applicable performance management system. _____ (initial)</p> <p>Or</p> <p>Employee has been with the Department less than one year and has not qualified for an evaluation: _____ (initial)</p> <p>Or</p> <p>Employee is a new hire who has not entered on duty – ASLRP, if approved, is based on recruitment: _____ (initial)</p> <p>_____ (Signature) (Date)</p> <p>_____ Printed name</p>		

Components: Forward the original and two copies of the entire request (Parts I-IV, with attachments (as required)), through the Head of the Office, Board, Bureau, or Division (or delegate) for comment, as desired; through OARM (Attention: Deana Willis); to the Program Administration Panel for action.

General

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information

5 U.S.C § 5379

Purpose and Uses

The main purpose for collecting the information requested on this form is to establish the terms under which an individual receives a student loan repayment benefit under the Attorney Student Loan Repayment Program. The information collected will be used as a basis for payroll actions and to identify and validate qualifying Federal student loans. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for worker compensation claims, and to lending or educational institutions to identify and validate qualifying Federal student loans. This information may also be used by the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therein, may also be used within the Department of Justice for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Account Number

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and for the withholding of taxes from your salary. The use of the SSN is necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can be distinguished only by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard, it is also used by the Department of Justice to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. It also may be used by the Department of Justice to identify and validate qualifying Federal student loans. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this Request for Consideration is voluntary; however, if the Request is submitted, omission of significant information requested would preclude continued processing to determine whether receive an incentive benefit.